14

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9565

09558

1. PLACE OF DEATH a. COUNTY Talbot	MARYLAND	o. STATE Maryland	ed lived. If institution: Residence b. COUNTY Talt	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside com	porote limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 108 N. Park St	oddress)	d. STREET ADDRESS	rk Street	e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF First DECEASED (Type or print) Mary	Engle	Bowdle 4. DATE OF DEAT		Day Year 19 61
S. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH Sept. 2. 1883	1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign	_	EN OF WHAT COUNTRY?
13. FATHER'S NAME Alfred Dowler		14. MOTHER'S MAIDEN NAME Priscilla Sa	wre Squire	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give war or dates of service) NONE		Elmer Bowdle,	Address Easton, Maryl	and
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	0	arding Impar	This	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (o), stoting the <u>under-lying couse lost.</u> DUE TO DUE TO (b) DUE TO	arteriore	enti Com	a inece	Ţ
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTIONS OF CONTRIB	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar P	ort II of item 1B.)	
Y 20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. While p. m. 19 of wor	Not while fac	ACE OF INJURY (Home, farm, transport	ity or tawn) (Co	ounty) (State)
21. I certify that (I) (this haspital) attends as the deceased alive and INTEL 22a. SIGNATURE		leath accurred at 55 M, fran		date stated abave. 22b.DATE SIGNED
22c. PHYSICIAN'S NAME (Type) P. Evans Cox		M.D. ATTENDING MED. PHYS. DIRECTOR [22d. ADDRESS Easton, M	PHYS.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8/19/61	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOC	ATION (City, town, or county) eston, Maryla	(Stote)
24. FUNEBAL PIRECTOR'S SIGNATURE	ADDRESS	on, Md. DATE AUG 23	STRAR 25b. REGISTRAR'S SIG	NATURE
W.H. Hollis & Son.			40,	MINAS

VR A1S (4) 15M 9/59

Praid to an orbitalo THE RESERVE OF THE PARTY OF PERSONS ASSESSED. The state of the s The state of the s connect the state of the state BENEFIT STATES, BARRETTE ST North Control of the And the second of the second o A Contract of the contract of Hearts william

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

9565

09557

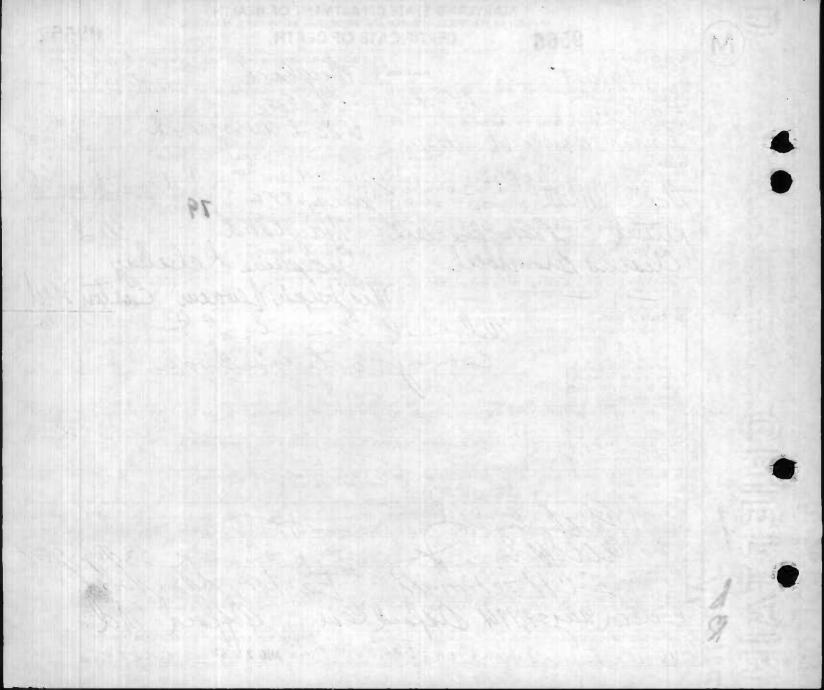
•		
	1. PLACE OF DEATH O. COUNTY A/boT MARYLAND 2. USL OTS OTS	AL RESIDENCE (Where decreased lived. If institution Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	TYOR OWN (If outside corporate limits, write KURAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTER NEMORIAL HOSP.	STREET ADDRESS QUILOUS LL. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) GEORGE BROM	Lost 4. DATE Month Day Yeor OF DEATH ALL CI 2/ 196/
		OF BIRTH 2, 1882 9 AGE (In yeor) lost birthdoy) Months Doys Hours Min. When the property of
	10a. USUAL OCCUPATION (Give kind of werk done 10b. KIND OF BUSINESS OR INDUSTRY 11-	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER NAME 14. M	OHER'S MAIDEN HAME Delaliay
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give war or dates of service)	Seple Newacus Easton Mill
	1B. CAUSE OF DEATH [Enter only one couse per line for (d), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Templified Interval Between ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	rterio selvair.
Š	couse (o), stoting the <u>under.</u> lying couse lost. (c)	
4	CATIC	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ONO
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	noture of injury in Port I or Port II of item 1B.)
		NJURY (Home, form, 20f. (City or town) (County) (State) et, office bldg., etc.)
	21. I certify that (1) (this hopital) Otended the deceased fram.	ccurred at $\frac{19}{2}$ M, from the causes and an the date stated above.
	220. SIGNATURE	TENDING MED STAFF 23 Hugus 1900
	22c. PHYSICIAN'S NAME (Type) E-C-H Schrmidt 22	Ezston, Maryland.
)	230. BURIAL, CREMATION 236, DATE THEREOF 23c. NAME OF GENETERY OF CREMATION 23C.	TORY 23d. LOKATION (Sity, town for county) (State)
-	Maurice E. Newham 15 1 Faston,	Date AUG 2 8'61 Cuthur 2. Kraus

the funeral director, should be filed with s gfter death. Poge 4

TO HOSPITA R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how may be read by the hospital or ding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely red in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 956

PITTIOIT .	DI SIATISTICAL RESEARCH AIND	KECOKOS - DALII
7	CERTIFICATE	OF DEATH

09558

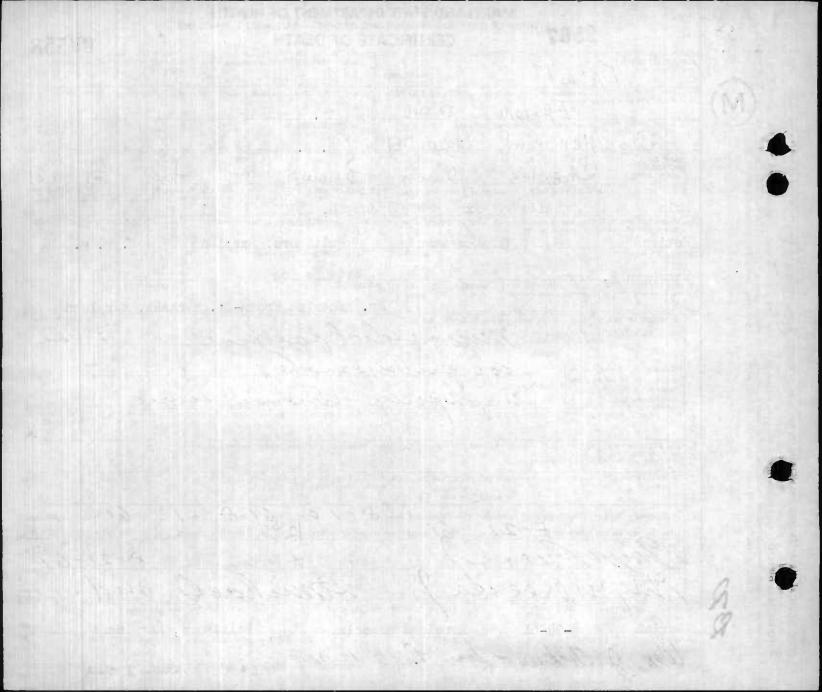
1. PLACE OF	DEATH		_			2. USUAL RESI	DENCE (Wh	ere deceosed	l lived. If institut	tion: Residen	ce befare o	admission)
a. COUNTY	T	Albot		MAR	YLAND	o. STATE	vland		b. COUNT	Tal	bot	
b. CITY OR	TOWN (If	outside corporate	limits, write	c. LENGTH OF STAT	Y IN 16	c. CITY OR	TOWN (If o	utside corpor	role limits, write	RURAL and	give neares	t lown)
NO MALE O	na give nea	/= A	Ston	3 da] 3	X st.	Mich	2010				
d. NAME C	OF HOSPITA	L (If not in hospi	tol, give street	oddress)	1 1	d. STREET A			Skin-n-	-	e.	IS RESIDENCE
	STOW	Memo	RIH	Hospit	7/	IR.	D. #1	Box	48			ON A FARM?
3. NAME OF	1 - 110	di	First	Middl	е ,	Las	st	4. DATE	∕\wo	nth	Day	Yeor
(Type or pr	rint)	ChAR	les	Que	-	BROW	wn	OF DEATH	Hc	ig	21	1961
S. SEX		6. COLOR OR R	ACE 7. MARS	RIED NEVER MARR	IED B.	DATE OF BIRT	н	30.14	9. AGE (In years lost birthdoy)	Manths		UNDER 24 HRS
Male	2 = ,	Wh:	iteWIDOW	ED DIVORC	ED 🗆 Ji	ily 4.	1878	AYA	83 yrs		Doys	lours Min.
10a. USUAL O during mo	OCCUPATION ost of working	N (Give kind of v	vark dane 10b. tired)	KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPI	LACE (Stote	or foreign co	ountry)	12.CIT	IZEN OF W	HAT COUNTRY
Retire	ed		War	ehou seman		Balt	imore	Mary	land	U.	SA	
13. FATHER'S	NAME					14. MOTHER'S	MAIDEN N	IAME				
Randol	nh R	Brown				Kate D	e Boe					
	EASED EVER	IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY N	0. 17. INFO	DRMANT			Ad	dress		
No	Own) (ii	yes, give war or da	es of service)		Mr	Rando	Inh B	roun-S	t. Micha	M Fee	larvla	nd
	SE OF DEAT	'H [Enter anly a	ne couse per li	ne for (a), (b), and (c	-	- Human	1011	UWIL	ida IIII Cili		INTERV	AL BETWEEN
	ART I. DEAT	H WAS CAUSED	BY: 22	2111000	nel.	al k	00 .	len			ONSET	AND DEATH
	001	IMMEDIATE CAU		your	1	7						49-
3	2/11		E TO	1	1/2.	-	- 10				-	10-
	ions, if on ise to im	mediate	(b) CO	· per	vice	er wo	ar CE				-	
couse (a), stating th		E TO	200		. 6	2	4				
	ouse lost.	,	(c)	progre	une	- 00		<u> </u>	COMPLETED OF	The state of the s	T 1(-) 10	WAS AUTORY
CATION	ART II. OTHE	R SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DI	EATH BOL M	OI RELATED TO) THE LEKMI	NAL DISEASI	E CONDITION G	VEN IN PAK		PERFORMED?
2											Y	ES NO
□ OR CONT	TRIBUTING I	UNDERLYING [CAUSE OF DE	ATH	CRIBE HOW INJURY	OCCURRED.	(Enter noture of	of injury in I	Port I or Port	t II of item 1B.)			
		MEDICAL EXAMIN										
	OF INJURY	Manth, Doy,	Year 20d. 1 While	NJURY OCCURRED		E OF INJURY I			ar tawn)	(County)	(Stote
WE	p. m.		19 of wor	k at work								
21. 1 cer	rtify that	(I) (this host	oital) attend	ded the deceased	fram &	2-16	2 19	61.10	2-21	19/	that	(1) (wa) las
		ed alive and					h		the causes a			11161
22a, 84GN		diffe diff	7	7 dire	a mai det	an oscone	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The causes u	na an in	o date si	22b. DATE
16	lugge	wy.	PRX	en	M.	D. PHYS.	G M	ED.	STAFF PHYS.	R	-21	SIGNED
22c. PHYS	ICIAN'S		7	10		22d. ADDR		7	1			<u> </u>
KIAM	E (Type)	WIK	ees	er &		47	mie	Ka	els	n	20/	
23a. BURIAL,	CREMATION	N, 23b. DATE TH	IEREOF	23c. NAME OF CEA	METERY OR	CREMATORY		23d. LOCAT	TION (City, Iown	or county)		(Stote)
Buria	L (Specify)	8921	-67	Morelan	d Mem	orial		Bal	timore.	Marvl	and	
24 FUNERAL I	DIRECTOR'S	SIGNATURE	/5	ADDRESS	0		25a. REC'	D BY REGIST		SISTRAR'S SI		
11/02	1 1	Tink	MANIN	Sons L	20/18	17 m	DATE					
-02//	1	Such			- VVVI	1110	AU	6 2 4 6	0	rthur S.	Krane	

TO HOSPITAL BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s may be recorded within 2s to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Baard at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

s after death. Page 4

the funeral directar, should be filed with



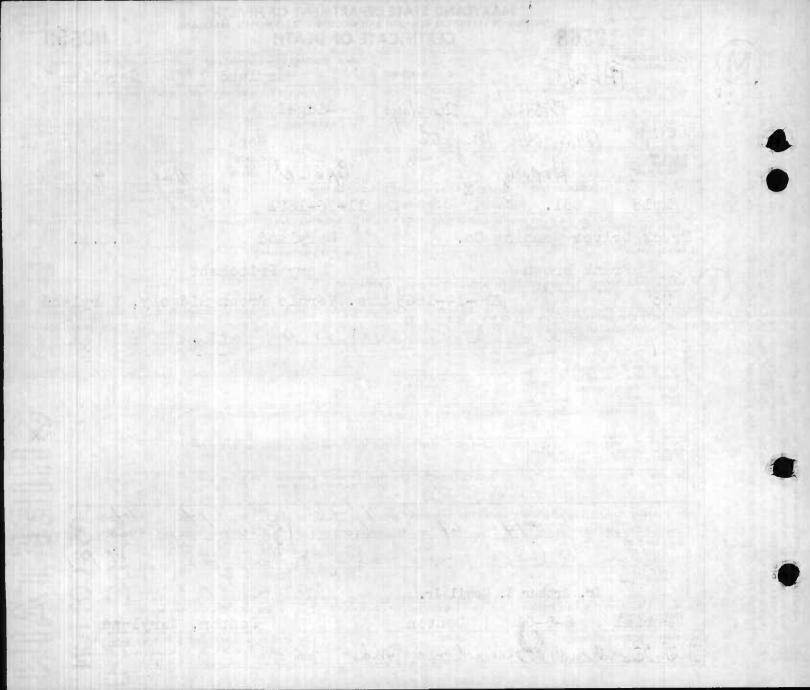
VR A15 (4) 15M 9/59

9568

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09559

	1. PLACE OF DEATH o. COUNTY TALBOT	MARYLAND	O STATE BUT	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Caroline
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write RU	RAL and give nearest town)
	FASTON	26 days	Ridgely		
3	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION Memurial H12	pital	d. STREET ADDRESS	None	e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print)	∫ Middle	BABUN	4. DATE Monti	Day Yeor 4 19 6 /
	Male Col. WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11-26-1881	lost birthdoyy	TF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10o. USUAL OCCUPATION (Give kind af work done 10b. KIND (during most af working life, even if retired)		STRY 11. BIRTHPLACE (Stote of	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Truck Driver Canning Co	•	Marylan		U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
-	Frank Brown			ritchett	
	(Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT	Addre	
1			rs. Verdie	Brown Ridge	ly, Maryland
	Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-</u>	cm m	of the sh	in acla	INTERVAL BETWEEN ONSET AND DEATH
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	10W INJURY OCCURRE	D. (Enter nature af injury in P	orr f or Fart II or Item 18.j	
		OCCURRED 20e. PL Not while for	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
	21. I certify that (I) (this haspital) attended the saw the deceased alive an	11	12	M, fram the causes and	that (I) (we) last an the date stated abave.
	220. SIGNATURE B ()		ATTENDING Y	D. STAFF RECTOR PHYS.	8/8/6/ SIGNED
	22c. PHYSICIAN'S NAME (Type) Dr. Arthur B. Cec	11 Jr.	22d. ADDRESS	~ 21	
	PEALOVAL (Specify)	NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, town, or Denton, Ma	r county) (Stote)
		ADDRESS N	250. REC'E	BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

9569 CERTIFICATE OF DEATH 09560

1		4000							0 - 0
) 1.	PLACE OF DEATH o. COUNTY		MARYLAN	O STA		nere deceased lived.	If institution: Resi COUNTY	dence before o	odmission)
	Ta	lhot	MAKILAN	0	Marylan	nd	Ta	lbot	
	b. CITY OR TOWN	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN	b c. CIT	OR TOWN (If o	utside corporate limit	s, write RURAL o	nd give neares	t town)
	Rural	Easton	7 months	X	rural	Easton			
	d. NAME OF HOSPI	ITAL (If not in hospital, give stree	t oddress)	d. STR	EET ADDRESS			e. (ON A FARM?
		Waverly			Waver	cly		Y	ES NO
3.	NAME OF DECEASED	First	Middle	The state of	Lost	4. DATE OF	Month	Day	Yeor
	(Type or print)	RUTH	ROSS CHAPMAN			DEATH	ugust 16		1961
	SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF	BIRTH	9. AGE	(In years IF UNI irthdoy) Month		UNDER 24 HRS
ĺ	female	white WIDOW	VED DIVORCED	Ang. 8	1917	44	yrs.	is Doys In	Min.
10	o. USUAL OCCUPATI	ION (Give kind of work done 10b rking life, even if retired)	. KIND OF BUSINESS OR IN	IDUSTRY 11. BI	HPLACE (State	or foreign country)	12.0	CITIZEN OF W	HAT COUNTRY?
					Mass.			U.S.	
13.	. FATHER'S NAME	WIIC		14. MOT	HER'S MAIDEN N	IAME			
	Rudol ph	R. Ross			Edith V	Voodcock			
		ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 1	7. INFORMANT			Address		
		(11)41, 914 114 11 114 114 114 114 114 114)	fr. Davi	d Chapma	an "Wave	rly" Eas	ton. M	d.
	18. CAUSE OF DE	ATH [Enter only one cause per l		10				INTERV	AL BETWEEN
		ATH WAS CAUSED BY:	wenne	1 Pall	reas.			ONSET	AND DEATH
	157	DUE TO	000000	- juve				1/2	4-01
	Conditions, if	any which	400					aug	-16-61
	gove rise to	immediate (ruid		HOLE L			1	
	lying couse lost	the under-	Mane						
Z		THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN I	ART 1(o) 19.	WAS AUTOPSY
CATION		une							ES NO NO
IFIC	20a. ACCIDENT W	AS UNDERLYING 1 20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter no	ture of injury in I	Port I or Port II of ite	m 18.)	1	
CERTIFI	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	inne						
		IRY Month, Day, Year 20d.	INJURY OCCURRED 20e	PLACE OF INJ	URY (Home, form	, 20f. (City or town)	(County)	(State
MEDICAL	Hour o.m.	10 While	e Not while	factory, street,	office bldg., etc	.)		(,	
2			0 0 1	heart) 2	11 11 -	11	1,	
		at (!) (this haspital) atten	/		1/L) A		19		
	saw the deced	ased alive on 8 - 10	19 <u>6</u> , and the	at death occ	urred 41	M, fram the ca	uses ond on	the date st	ated abave
	220. SIGNATURE	in (MI to		ATTE	NDING MI	ED. STAF		(SIGNED
	22c. PHYSICIAN'S	anca in unus	A	M.D. PHYS	DDRESS	RECTOR PHYS	. []	2	117/6/
	NAME (Type)			220. /		V 3			
	<u> </u>	Dr. Wm. L. Wir				, Maryland			
23	a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATO	RY	23d. LOCATION (Ci	ty, town, or coun	ty)	(State)
	Cremation	Aug. 18,1961	Silverbr	ook Crer			ngton,		'e
24	FUNERAL DIRECTO	Aug. 18,1961	ADDRESS				25b. REGISTRAR'S		
	Maurice	E. Newnam & Son	Easton, M	d.	DATE A	UG 1 8 '61	arilus	S. Thank	

the funeral directar, should be filed with

Page

death.

complete papers.

the attending physician and Then please remave carban

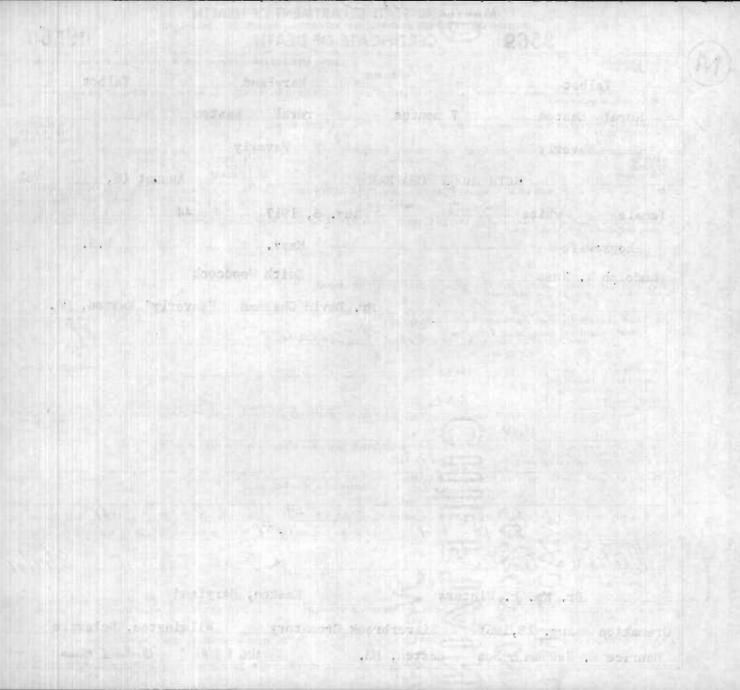
YSICJAN: The law requires that ding physician. cermicate has been signed by the as the burial-transit permit. T

TO HOSPITAL & ATTENDING PHYSE may be read by the haspital or TO FUNERAL DIRECTOR: After this cepagge 3 should be detached for use a

VR A15 (4) 15M 9/59

þ

The law requires that the death certificate be executed



FOR STATE HEALTH DEPT al director. Page is necessary, Health TO DEPU. IEDICAL EXAMI. This certificate should be executed within 24 hours after deal any is necessary please execute the certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3. The fundal director. Pages should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Healt or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours are death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

9570 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-		
	ACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
)	A-100 MARYLAND	•. STATE Maryland Talbot
F	CITY OR TOWN (if outside corporete limits write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Y	EHSTON I M	n Easton
d.	NAME OF HOSPITAL OR INSTITUTION (if not in hespital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
2 37	MED FIRST HOSPITAL	638 Goldsbrough St. YES NO 1
DI	ECEASED	Last 4. DATE Month Dey Yeer OF
5. SE	ex 16. COLOR OR RACE TO MARRIED TO NEW TO N	nee um DEATH UUg, // 196/ 8. DATE OF BIRTH 9. AGE (In yeers of UNDER 1 YEAR) IF UNDER 24 HRS.
	77 MARKIED MEVER MARKIED	lest birthdey) Months Deys Hours Min.
		Aug. 8, 1961 0 yrs. 0 3 TRY II. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retlred)	
13. F.	ATHER'S NAME NONE	Maryland USA
	Charles Edward Cheezum	
	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Joan Cooper INFORMANT Address
	no, or unkown) (If yes give wer or detes of service) no none H	ospital Records
11	8. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGONITAL	Aresdonal attesin ONSET AND DEATH
	DUETO	
	Conditions, if eny, which (b)	
	e), steting the underlying DUE TO	
	cause lest. (c)	
NO NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DO. EVERNIAL CALISE WAS 200 DESCRIPE HOW INHIPLY OCCUPED	YES NO
₽ PI	206. DESCRIBE HOW INJURY OCCURED. RIMARY □ or CONTRIBUTING □ ZAUSE OF DEATH.	(Enter neture of injury in Pert f or Pert II of item 18.)
		LACE OF INJURY (Home, farm, 201, (City or town) (County) (State)
MEDICAL		sclory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above,	
-	death resulted from: Natural causes Accident . Su	icide, Homicide, Undetermined manner
11.	La Met	CHIEF MEDICAL EXAMINER
	SIGNATURE John / Melly	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S WEST	Address (Street, city, town, or county)
	DURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	BOXIAL 8/12/6/ COPTENMON	NT (IMI, HILLSBORG MO
23. F	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 1 7 '61 Cuthing L. Heard
1	Afeanglow mould 1 AST	DATE AND DATE
2 4	· Krampton Carroll	

WEARLEY DESCRIPTION OF THE CHARLES CHARLES OF DEALERS W . John wordship 1688 Commental Michigan & Traine The Theory White 13-11-3

09562

- T-	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of COUNTY) O. STATE	e before admission)
1	MARYLAND O. STATE BUILDING 6. COUNTY	1601-
	b. CITY OR TOWN (If oulside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporate limits, write RURAL and gire nearest lown)	ve nearest lown)
/	EASTON 3 dain X St Mechaela	
	d. NAME OF MOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION	e. IS RESIDENCE
0	OR INSTITUTION	ON A FARM?
	HENOKIAL HOSPITEN	YES NO
	3. NAME OF DECEASED First Middle Last 4. DATE OF Manth	Day Yeor
	(Type or print) BOOG BO FOR THE DEATH LEGALS T	10 196
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE IN years IF UNDER T	YEAR IF UNDER 24 HRS.
	T. lost blattday) Months (Doys Hours Min.
	FEMALE WHITE WIDOWED DIVORCED HUGI3,1882 7845.	
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12.CITIZ during most of working life, even if retired)	EN OF WHAT COUNTRY?
1	HOUSEWIFF - TILGHMAN, MD	115A
	13. FATHER'S NAME	2011
/	1 Propy Boins	
	TERRY DRIDGES LDA JAMES	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1945, no. or uphn/wn) Ilf yes, give wor or dates of service)	
	NO - 212-09-4083MPS RORFOT WAYMAN ST 1	MICHAELS
	18. CAUSE OF DEATH [Enter only one couse per Knelfar (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	
	443 X DUE TO //	
	Conditions, if any, which) (b) 1+1>0+1/2/75/VE COSCIO VESCULOSAISE	*6
	gave rise to immediate	
	couse (a), storing the under-	
	, (9)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERNORMED?
		YES NO
2	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
6	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTR	
	d co Tura co una	
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour a.m. 20f. (City ar town) (Co	ounty) (Stote)
	Hour a. m. While Not while at work at work at work	
	21. I certify that (I) (bis hopital) attended the developed from 19 to 19	_, that (1) (we) last
	I A TO IA	
	saw the deceased allowing the same and an the	date stated above.
	22a. SIGNATURE ATTENDING MED. STAFF	226.DATE
	M.D. PHYS. DIRECTOR DIPHYS.	10905194
	22c. PHYSICIAN'S NAME (Type) - A C L L 22d. ADDRESS (Type)	//. J
	E-C-17: Schridly TESION MONTH	DI.
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR, CREMATORY A 23d. LOCATION (City, town, or county)	45.43
X	REMOVAL (Specific / /) A / 7 / / 7	Ciprore (
60	m / Lucia Const	1,000.
B	24. FUNERAL DIRECTOR'S SIGNATURE A ADDRESS 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIG	NATURE
	Sortamfulon Somain DAJERUG 15'51 College	

ofter death. Page 4

in the funeral director, and 2 should be filed with

Then please remove carban papers. Pages 1 page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death. ding physician.

N: The law requires that the death certificate be executed with may be retailed by the haspital are a TO FUNERAL DIRECTOR: After this cer ATTENDING PHYS TO HOSPITA

VR A1S (4) 15M 9/59

THE TO SEE STATE OF THE SECOND 26 533/216/34 Sec. 3 - 5-19/3/2/2/ THE WAR THE WAR WAS TO SEE THE STATE OF THE TO SEE STATE OF TRANSPORT WAS AND STANGED IN

ATTENDING PHYSIC

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9572

09563

				(10)
)	1. PLACE OF DEATH O. COUNTY TAILOG +	MARYLAND 2. USUAL RESID	ENCE (Where deceased lived. If institute b. COUN	
	RICRAL and give nearest town)	OF STAY IN 16 C. CITY OR TO	DWN (If outside corporate limits, write	e RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET AD		e. IS RESIDENCE ON A FARM? YES NO S
	3. NAME OF DECEASED (Type or print) Frank	Middle Fields Last	4. DATE OF DEATH	Nonth Day Year 2 1961
	771770	DIVORCED DEC 3	9. AGE (In year last birthday	y) Months Days Hours Min.
		rman M.	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	Richard Fields	14. MOTHER'S	lie XIzer	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes, no. or unknown) (If yes, nive wor or dates of service)	-7389 Sydia	10 0 01	rwood md,
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(c).] VR	morthy	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	i entin		34/
	couse (o), stoting the under- lying couse lost.	rome nali	ulay bet to	de feller
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		THE TERMINAL DISEASE CONDITION	GIVEN IN PARPT(a) 19 WAS AUTOPSY PERFORMED? YES NO
į	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		injury in Part I ar Part II of item 18.)	
- !	Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCU While Not who of work of work of work of work of work of work 19	nile factory, street, office		(County) (Stote
	21. I certify that (I) (this haspital) attended the desaw the deceased alive an DACY19	ceased fram, and that death accurred	ay M, from the causes	and an the date stated above
Ì	220. SIGNATURE 220 SIGNATURE 220 SIGNATURE 220 SIGNATURE	M.D. ATTENDING	DIRECTOR PHYS.	22b. DATE SIGNET
	224. PHYSICIAN'S GUYM REES	ERSI'7	Mymas	es Trux
	230. BUNIAL, CREMATION, 23b. DATE THEREOF 23c. NAME BUNIAL (Specify) 8-6-6/	serwood Ce	23d. LOCATION (City, town	od, Md.
	24 TUNERAL DIRECTOR'S SHONATURE ADDRE	st 1 0	2So. REC'D BY REGISTRAR 2Sb. RI	Chiling S. Krana

3710 The state of the s The state of the s South the west of the the property

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 0573

CEPTIFICATE OF DEATH

09564

2010	CERTITION	L OI DEATH			
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE			
TALBOT	MARYLAND		hester County, M	aryland	
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give negrest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURA	L and give nearest town)	
EASTON NID	3 less 45 min	Hurle	ock	19x.2	
d. NAME OF HOSPITAL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS	May I am Tay a la	e. IS RESIDENCE	
MEMORIAL HOSPIT	A/	La le la		ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) LORRALINA		ARCIA	4. DATE Month OF DEATH AUGUS.	T 31 1961	
Fomolo Mooro	THE COUNTY OF TH	June 1, 1961		UNDER 1 YEAR IF UNDER 24 HRS Days Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done	06. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY	
during most of working life, even if retired) None	None	Beauford.	South Carolina	U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Albert Garcia		Rosie Pe	sina		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. INF	FORMANT	Address		
(Yes, no, or unknown) (If yes, give war or dates of service)	None A1	bert Garcia,	Hurlock, Maryla	nd, R.F.D.	
18. CAUSE OF DEATH [Enter only one couse pe	r line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Diarrhea			2-3 Octo	
DUE TO					
Conditions, if ony, which (b)	Dohunde	ation		1-2 day	
gove rise to immediate	J			V	
tying couse lost.					
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	nal disease condition given	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO	
	DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in (Port I or Port II of item 18.)		
9		CE OF INJURY (Home, farm		(County) (State	
Hour o. m. 19 Wh	work of work	ory, street, office bldg., etc	'1		
21. 1 certify that (I) (this haspital) atte		5-30 19	61.ta 8-31	196(, that (1) (we) las	
0 .	. 1	10	1		
saw the deceased alive an 1-3 1	19_9., and that de	earn occurred at 14	M, fram the causes and c	an the date stated above	
John EB	y but "		ED. STAFF RECTOR PHYS.	SIGNEL	
22c. PHYSICIAN'S John E. F.	3 ay 6 cett de	22d. ADDRESS 205	Earle Ave &	EASTON, Md	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, town, or co	ounty) (State)	
REMOVAL (Specify) Burial Sept.1. 196	61 East New Mark	et Cemeterv	East New Marke	t. Maryland	
24. AUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE	
U. J. Framptom + Son F.	rederals burg, Md	DATE		d. Thous	

the attending physician and campletely. Then please remave carbon papers. Pages and in any event, within 72, hours after death. law requires that the death certificate be executed within and in any þ TO FUNERAL DIRECTOR: After this cert prove has been signed by page 3 shauld be detached far use as the burial-transit permit. the State Board of Health prior to burial, crematian, ar remaval,

TO HOSPITAL

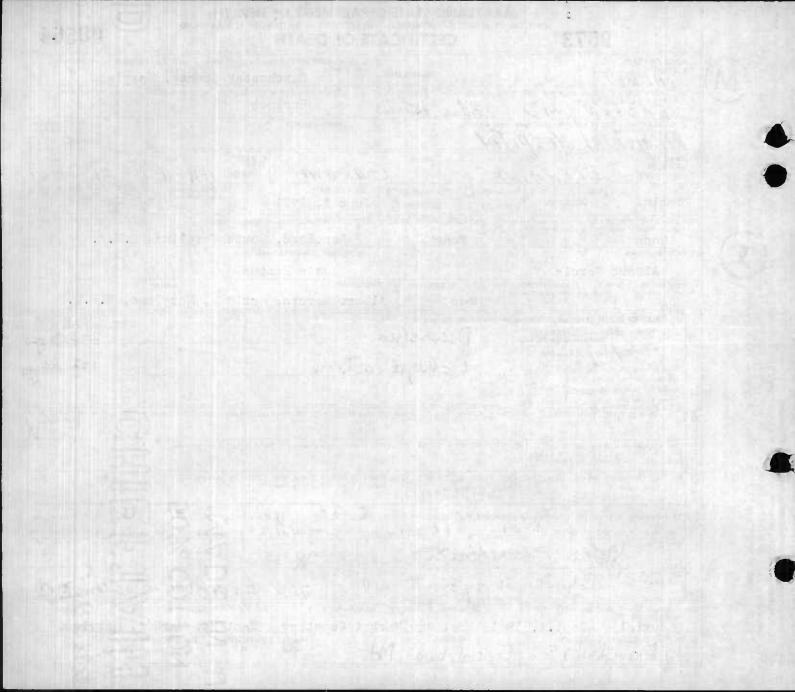
VR A1S (4) 15M 9/59

9 VVVVVVXVV

funeral directar, uld be filed with

shauld

death. Page 4



M

080

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 9574

09565

	1. PLACE OF DEATH o. COUNTY Talhat	MARYLAND	2. USUAL RESIDENCE (Where decear	sed lived. If institution: Residen b. COUNTY	ce before admission)
	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)	te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor	porote limits write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give strong Institution FASTON MEMORIAN ASTON	reet oddress) ORIA	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO TO
	3. NAME OF DECEASED (Type or print)	Middle Cop o 5/14	Lost 4. DATE OF DEAT		Day Year 1961
	- 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH EBB 9,1886	9. AGE (ld years last birthday) yrs.	1 YEAR IF UNDER 24 HRS Days Haurs Min.
	10a. USDAL OCCUPATION (Give kind of work done oring most of working life. Even if retired)	106. KINDOF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or foreign	cauntry) 12, CITI	ZEN OF WHAT COUNTRY
	13. FATHER'S NAME ROBERT	MABELER	14. MOTHER'S MAIDEN NAME HELEN	CHESTE	R
	1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yas, no. or unknown) [If yes, give war or dates of service]	16. SOCIAL SECURITY NO. 17. IN	HABRIET G	A IS IS LACKED	DENTON
	1B. CAUSE OF DEATH [Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (o), (b), and (c).	Renal D	island	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITION	ns <u>contributing to death</u> but	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PAR	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	art II af item 1B.)	
	Hour a.m.		ACE OF INJURY (Hame, farm, 20f. (C tory, street, office bldg., etc.)	ity or town) (0	County) (State
	21. I certify that (I) (this haspital) att	~/	eath accurred at 2M, from	m the causes and an the	date stated above.
	22a. SIGNATURE	4	M.D. PHYS. DIRECTOR	STAFF PHYS.	8/30 SIGNED
	22c. PHYSICIAN'S NAME (Type) P; E	Cox		nue, Sa	stay mo
4	SEMOVAL (Specify) 236. DATE THEREOF	6 23c. NAME OF CEMETERY O	R CREMATORY 23d.	ATION (City Jawn, or county)	(Stote)
	2 FUNERAL DIRECTOR'S SIGNATURE	Son Souls	DATE SEP S	STRAR 256. REGISTRAR'S SI	SNATURE 2. Thomas

TO HOSPITAL VR A1S (4) 1SM 9/59

STARTER VANDE HER Total Transfer COMMENTER CORNELL COMPRESSED OF THE MUND LESS APPEARS LESS STEELS TO BE WASHINGTON ANTERNO MAJAH BARBARA TANAN Service of Constant Parties

AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RE Film 0292 USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY Page e. STATE b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ō Boar . IS RESIDENCE ON A FARM? State YES NO death. NAME OF Middle DATE Yeer DECEASED OF 2 with the 196 (Type or print) DEATH S. SEX 6. COLOR OR RACE iould be executed within 24 hours after death "in pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may buriel-transit permit. File pages 1 and 2 with movel, and in any event, within 72 hours af AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Months Deys Hours Min. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FCL 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 (Yes, no, or unkown) | (If yes give we ror detes of service) PRESTON 18. CAUSE OF DEATH [Enter only one cause, per line for (e), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which "pending" geve rise to immediate cause Examiner's 10 DUE TO (a), steting the underlying as 6 cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 99 brow en NO Medical plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING burial, CAUSE OF DEATH. Chief ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 EDICAL EXAMIN 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 9 While Not While Hour am et work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion agent, death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, OR CREMATORY 22b. DATE THEREO! LOCATION (City, town, or country) (State) its REMOVAL (Specify) 0 940 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

A SHOPPO SET EXPANSIVA DE PETE MENTE MENTE DE EF FREDERIC WELL THE BUT STAN The season of th MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

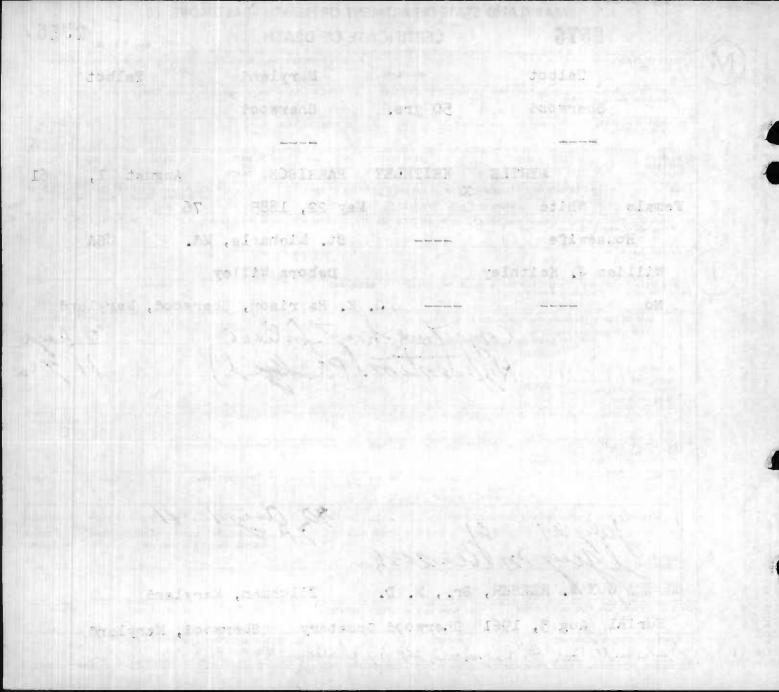
Year

1961

(Stote)

deoth

VS A15 (4) 1SM 9/S8



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 9577 CERTIFICATE OF DEATH I director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE .b. COUNTY MARYLAND funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest tawn) shauld d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT 2 NAME OF 4. DATE Middle # Last Month Year DECEASED DEATH (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Hours Male White WIDOWED AND DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country, 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if ratired). and MAIDEN MAME 13. FATHER'S NAME physician 8 remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT even attending INTERVAL BETWEEN B. CAUSE OF DEATH | Enter only one couse per like for (a), (b), and (c). 14 ONSET AND DEATH d PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) DUE TO by permit. Conditions, if any, which gned gove rise to immediate **DUE TO** cause (o), stoting the underbeen si lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO cremat 6 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) Lafe urial, os 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Day, Year (County) foctory, street, office bldg., etc.) Hour o.m. While Not while 0 at work ot work p. m. detached for 21. I certify that (4) (this hosp) tablattended the deceased fram TO FUNERAL DIRECTOR: A page 3 shauld be detached and that death accurred and saw the deceased alive an M, from the causes and an the date stated above. 22a. BIGMATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR [M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 sh the State DATE THEREOF 23a. BURIAL, CREMATION. 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) the DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE arthur S. Kruns VR A15 (4) AUG 1SM 9/59

certificate

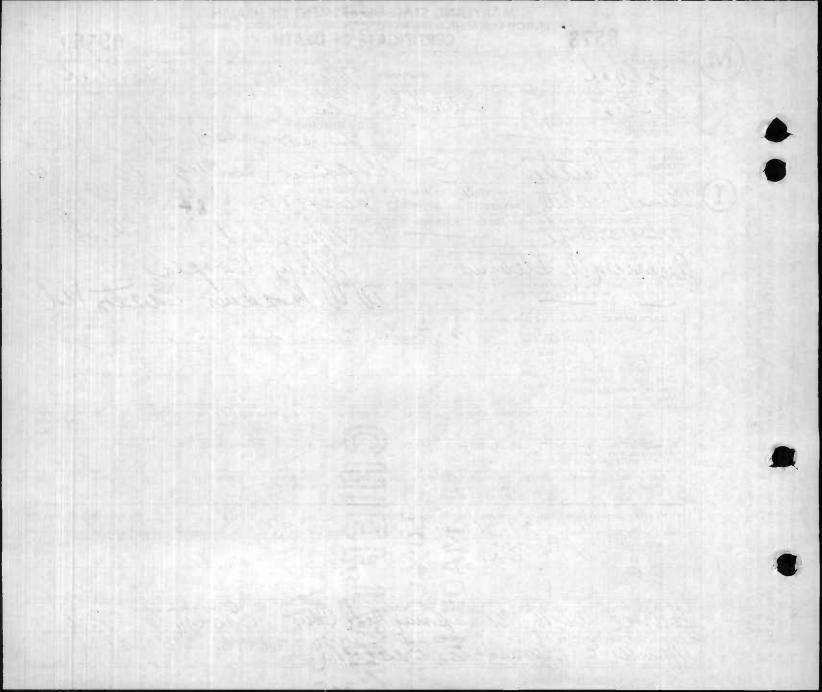
MARYLAND STATE DEPARTMENT OF HEALTH

25.15 W. Fil. She I Blanch Sail A const 1911 Continue 2161 AND REPORT OF THE PARTY OF THE The second of the total and the second of th

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	9578 CERTIFICA	ATE OF DEATH ()9569
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY B.
	b. CPOOR TOWN (If outside corporate limits, write EURAL) and give nearest town) EURAL and give nearest town)	c. GOOR OWN: (15 outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS CON A FARM? 20 L. Harrison J. O. IS RESIDENCE ON A FARM? YES NO [2]
,	3. NAME OF DECEASED (Type or print) Mailly EMiddle	Hapkins 4. DATE OF DEATH Olig 13 Day Year 1961
)	5. SET 6. COLOR OR FACE 7. MARRIED NEVER MARRIED DIVORCED	100 Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INE	Maryland W.S.
	13. EATHER'S MAKE	14. MOTHERS MANDEN NAME COOPEN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	W. W. Hopkins Caston Md
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-	INTERVAL BETWEEN ONSET AND DEATH
	САПС	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Part II of item 18.)
		PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on \$\frac{9}{13} \frac{196}{10}\$, and that	t death occurred at Le.M., from the causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	230. PORIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	Hell Clux Easloy Mix
	Maurice E Newman Loy Ca	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



FOR STATE

HEALTH DEPT s, necessary, please director. Page your files. Board of Health,

TO DEPUTY MEDICAL EXAMINER: This --rifficate should be executed within 24 hours after death. If any delay is execute the ficate, writing the way pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to fined 4 should be retwarded to the Chief calical Examiner's Office along with form PM3. Page 5 may be along TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9579

09570 Reg. Dist. Na

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before oder	nission)
	0	COUNTY TALBOT MARYLAND	O. STATE Maryland b. COUNTY Lebat	
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and pive negrest town)	c. CITY OR 19 VN (November corporate limits, write RURAL and give nearest to	own)
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		RESIDENCE
Ĉ,	0	Memorial Hospital		NO PARM?
-		NAME OF First Middle	Lost 4. DATE Month Day	Yeor
	(Type or print) Chaude Lee Ho	well DEATH + ug. 27	1961
7	5. 51		DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR IF UN Months Days Hours	
	11	WIDOWED DIVORCED DIVORCED	Det 3 19 / 3 / yrs.	
		USUAL OCCUPATION (Give kind of work done 10b. MIND OF BUSINESS OR INDUST uring out of the working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHA	2
	13.	FATHER'S NAME HERREDT HOUSELL	14. MOTHER'S MAIDEN NAME	
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. IN	IFORMANT 10 Address 16 LLYE	TAK.
	-	THE TO.W. # TH 219-14-348	Mes Elene Bayward Harvall East	TIM
1		No. CAUSE OF DEATH [Enter only one couse pertine for (a)g (b), and (c).]	* O I INTERVAL BETV	VEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	in permortinge The	
		DUE TO		/
		Conditions, if ony, which gave rise to immediate couse		
		(o), stoting the underlying DUE TO		
i	z	Course Tost. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS	AUTOPSY
	ATIO		PERF YES DE	ORMED?
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nler noture of injury in Port I or Part II of item 18.}	
	MEDICAL	20c, TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Value Not while of work of work of work	CE OF INJURY (Home, form. 20f. (City or tawn) (County) ry, street, office bldg., etc.)	(State)
		21. I certify that I took charge of the remains described obo	ve, held on Autopsy , Inspection , Inquiry , o	nd in my
	H	opinion death resulted from: Natural causes X Accident		
	П	I solvet		
0		ACTUAL SIGNATURE CONVINCELY	_M.D. CHIEF MEDICAL EXAMINER []	SIGNED
	Н	EXAMINER'S	ASSISTANT MEDICAL EXAMINER	8-61
		NAME (Type)	OCTOT MEDICAL EXAMINER IS	1.01
	220	REMOVAL (Specific Clug 30 1961 String A	CEPMATORY 22d. LOGGINGN (City James, or county) (SIC	ofe)
	23.	FUNESAL DIRECTOR'S SIGNSFILME	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	/
	4	Willstall Dexily	DATEAUG 3 1 '61 arthur & through	

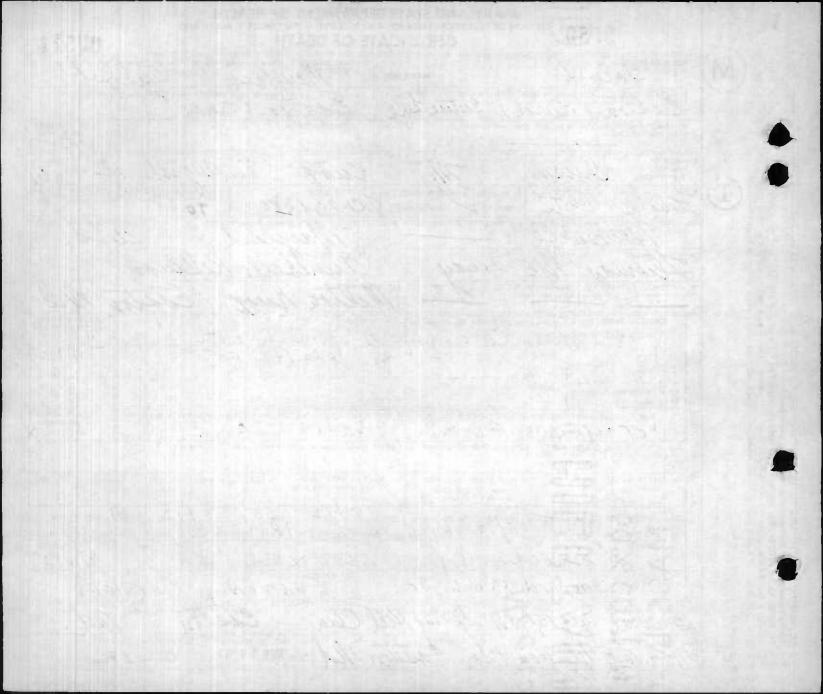
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	2	6.1	100	7	-4
-	-7	31	100	- 4	-1

	X		3300 -
. Page 4 I director, filed with	(M)	1. [PLACE OF DEATH o. COUNTY Salbox.
era be		1	b. CIT OR TOWN (If outside corporate limits, write RERAL and give nearest town) LULY CONTROL OF THE OUTSIDE CO. LENGTH C
rs Joffer de E fun 2 shauld	X		d. NAME OF HOSPITAL (It nat in haspital, give street address) OR INSTITUTION
24	€ ~		NAME OF DECEASED (Type or print) Salsy
s within 2.	after death	S	Eurale White widowed
it the death certificate be executed with the attending physicion and campletely Then please remave carbon papers. Pa	hours	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)
cion an	within 72		FATHER MAME
g physice remave	event, wi	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 9 (If yes, give war or dates of service)
andin ease		-	In CAUCE OF BEATH IC.
The law requires that the death 3 physician. hos been signed by the attendin urial-transit permit. Then please	d in any		1B. CAUSE OF DEATH [Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).
that by th it. Th	al, and		DUE TO Canditions, if ony, which)
law requires tysician. been signed tyransit permit	remava		gove rise to immediate cause (a), stating the <u>under-</u>
re ign	ō	7	, (0)
physician os been s ial-transit	tian,	ATIO	Permicious ANC
g ph g ph safe hos the burial	l, cremat	CERTIFICATIO	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ar att s certi	ta buria	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF Haur o. m. 19 While Not of work at w
baspital After thined hed for the	prior		21. I certify that (I) (this hospital) attended the
ATTENDIA by the has TOR: After detached	Heal		saw the deceased alive an 8/12-19
RECTOIL	of He		22a. SIGNATURE
P P	Board		22c. PHYSICIAN'S NAME (Type) Shepard Kreck
TO HOSPITAI moy be reto TO FUNERAL page 3 shou	the State	230	MINIAL, CREMATION, 23b. DATE THEREOF 23c. MANONAY SCOOL CLUY 5/1961 Sp
0 - 0 a	BY	21	EUNERAL DIRECTOR'S SIGNATURE AD

PLACE OF DEATH O. COUNTY Talbol. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE b. COUNTY
b. CITOR TOWN (If outside corporate limits, write c. LENGTH OF STAYIN) be suffered by the state of the state	c. CITY OR TOWNALL outside corporgred limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (IPrat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \no \sum
NAME OF DECEASED (Type or print) Waisy First Middle	Kuod 1. DATE OF DEATH Cluyush 12 1961
temale white widowed DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthdoy) 10 yrs. 1 FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
da. USUAL OCCUPATION (Give kind of work done during most of warking life, even if felical)	ISTRY 11. BIRTHBUACE (State or foreign country) 12. CITIZEN OF WHATCOUNTRY?
Lisuas MC Quay	14. MOTHER'S MANSENNAME CHUNCHELLE KILINGA
WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no. or unknown) (If yes. give war or doles of service)	Pullou Knox Easton Ma
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Carcin (ma)	onsej and death
15 DUE TO LIVER	
gove rise to immediate cause (o), stating the <u>under-lying</u> DUE TO	THE RESERVE TO BE STORY
, (0)	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YEA + C & Y R. Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part I of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote) actory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram.	8/12 1955, ta 8/12, 1961, that (I) (we) last death accurred at P.M. from the causes and an the date stated above.
220. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED STAFF SIGNED SIGNED STAFF SIGNED SIGNED STAFF SIGNED SIGNED STAFF STAFF SIGNED STAFF STAFF
22c. PHYSICIAN'S Shepard Krech, Tr.	Easton, Maryland
OR BINIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY COMMONAY GOOD TO SHARE OF CEMETERY COMMONAY GOOD TO SHARE OF CEMETERY COMMONAY GOOD TO SHARE OF CEMETERY COMMON AND THE COMMON TO SHARE OF CEMETERY COMMON TO SHARE OF CEMETERS COMMON TO SHARE COMMON TO SHARE OF CEMETERS C	REMOTORY 23d. LOCATION (Any towns or county) (State)
HUMBRAL DIRECTOR'S SIGNATURE LANDRESS ADDRESS CASTO	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 1. 7 '61 CITCHIA 2. KING

1SM 9/59



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY e. STATE b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside comprate limits write RURAL and giffe neared bwg) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) director. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) Boar 0 d. STREET ADDRESS retained ne State B 3. NAME OF Middle 4. DATE DECEASED OF the (Type or print) DEATH with 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR Months WIDOWED [DIVORCED 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages PM3. | 13 FATHER'S NAME Muel 14. MOTHER? 15. WAS DECEASED EVER IN U. SARMED FORCES? (Yes, no, or nkows) //ifyesgiverordetesofservice) 16. SOCIAL SECURITY NO. I INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ong burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Office al his certificate should be 'emoval DUE TO Conditions, if any, which (b) gove rise to Immediate cause a DUE TO (e), steting the underlying Se ò cause last. pesn cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION 2 he word Medical Chief Medical DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert t or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL SEDICAL EXAMIN 958 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 9 factory, street, office bldg., etc.) While Not While Hour e.m. should be forwarded to the FUNERAL DIRECTOR: P. prior et work VIVENTE nomes ease execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry agent, death resulted from: Natural causes Accident A Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE designat DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Typa) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22c. 22d. LOCATION (City, lown, or country) REMOVAL (Specify) o 40 URIAL FUNERAL DIRECTOR 24a. REC'D BY 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DAMUG 9 arthur & Kraus

IS RESIDENC ON A PARM?

YES NO

19

Hours

ONSET AND DEATH

PERFORMED?

NO S

(State)

and in my opinion

DATE SIGNED

(Stete)

Deys

(County)

IF UNDER 24 HRS

46-41the market set :A \$: A.1

er death. Page 4 uneral directar the law requires that the death certificate be executed within TO HOSPITAL 9

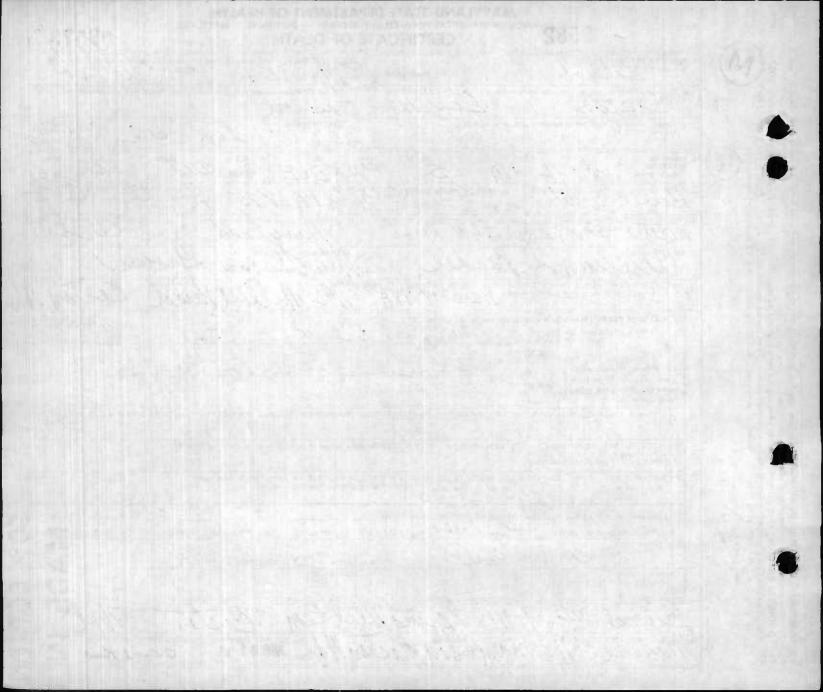
VR A15 (4) 1SM 9/S9

2 shauld be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filter page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH 9582 CERTIFICATE OF DEATH

(1)	Q	K	7	2
- ()	y	4		9

	1. PLACE OF DEATH a. COUNTY Tellock MARYLAND	2. USUAL RESIDENCE (Where decrased lived. If institution: Residence before admission) b. COUNTY b. COUNTY				
	b. CITY OR TOWN (If outside corporate limits, write RURS) and give natives town)	c. CHOR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	308 Willow Owl 1 e. IS RESIDENCE ON A FARM? YES NO DE				
][3. NAME OF DECEASED (Type or print) WILLIAM SMiddle	PARDOE 4. DATE OF DEATH Quy. 26 196/				
	5 SETTILE 6. COLOR OF SACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost bigHaday) Wonths Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI-	Maryland Cl. S.				
	13. FATHER'S NAME	May Susaw Troul				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (if yes, give war or deves of service)	More Milled fardol Easton Vic				
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	deal Infarction Interval Between ONSET AND DEATH Sudden				
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.	my activiosalsoni?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)				
		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)				
	21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an July 1, 19 (1, and that	death occurred atM, fram the causes and an the date stated abave.				
	220. SIGNATURE	M.D. ATTENDING MED. STAFF SIGNED PHYS. ATTENDING MED. STAFF SIGNED				
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS				
	230. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL Specify	fell Cem Castry Ma				
	Hause Elleway Soy Eas	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 81 '61 Cuthun 2. Kraup				



9583

n by funeral directar, and 2 shauld be filed with Then please remove corban popers. Pages 1 and in ony event, within 7 haurs after death. TO FUNERAL DIRECTOR: After this certificate is physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages the State Board of Health prior to burial, cremation, ar remaval, and in ony event, within it havis after deat

he law requires that the death certificate be executed within 24

TO HOSPITAL

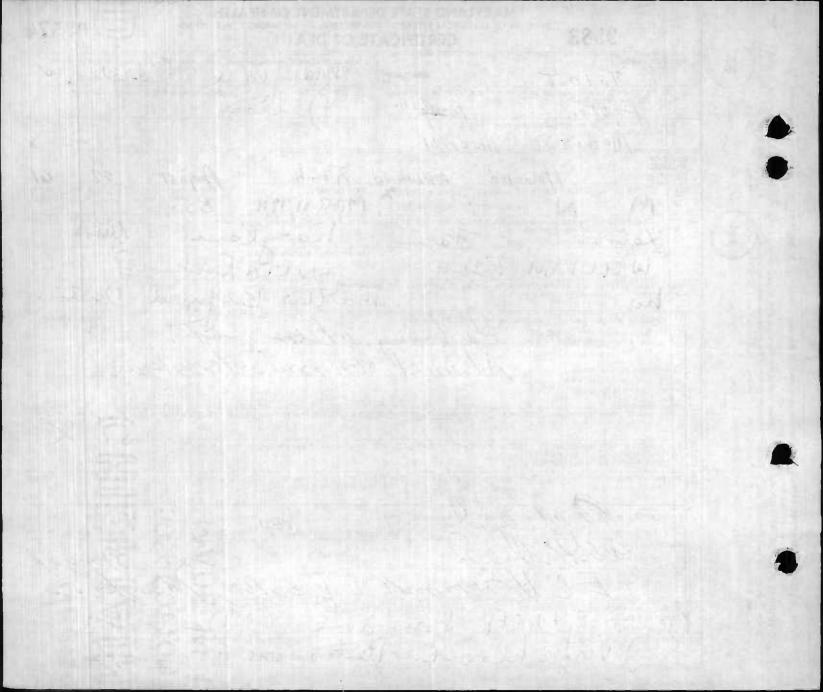
VR A15 (4) 15M 9/59

080

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

119574

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. STAPPA COUNTY OF OFFICE (Where deceased lived. If institution) Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)	c. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MemoRial Haspital	d. STREET DDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
3. NAME OF DECEASED (Type or print) Howard Edward	Rich 4. DATE Month Day Year OF DEATH August 27 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) 5 yrs. Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind af work done during mod of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or fargin country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME WILLIAM RICH	14. MOTHER'S MAIDEN MANE JULTA Lunknown
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. 19	Woodles Borganard Dustin
1B. CAUSE OF DEATH [Enter only one couse per lipe fo (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. (c)	coxon > xy > x/exose/ogoxi
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II af item 1B.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State clary, street, affice bldg., etc.)
22o. SIGNATURE	death occurred at 52 M, fram the causes and an the date stated abave ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
NAME (Type) F-C-H- Och moult	Ezyton, Maryard.
(Senoval Specific Sept 1, 1961 Spring	CREMATORY 23d. LOCATION (City, town, or county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LOVELSON	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 5 '61 76 MAY & Kraus
0	The second secon



filed with

MARYLAND STATE DEPARTMENT OF HEALTH 9584 CERTIFICATE OF DEATH

09575

-								
1.	PLACE OF DEATH	ot	MARYLAN	2. USUAL RESIDENCE o. STATE	(Where deceased liveryland	b. COUNTY	Residence before Queen	Anne
1		outside corporate limits, wri	te c. LENGTH OF STAY IN 1		-	limits, write RUR		
	EPS+C	arest tawn)	31 hours	Sudlers	eville	R.F.D.	# 7	
	d. NAME OF HOSPITA	AL (If not in hospital, give str	1	d. STREET ADDRESS		Vone		e. IS RESIDENCE ON A FARM? YES NO
=	NAME OF	हाया तुठड	PITAL					
L	(Type or print)	John	Hear Pear	ut Ruff	4. DATE OF DEATH	aug	9	19 (a)
5.	. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH			FUNDER 1 YEAT	R IF UNDER 24 HRS
L	Male	***********	OWED DIVORCED	15-50-100		76 yrs.	Maintis Doys	nous min.
10	o. USUAL OCCUPATIO	N (Give kind af work dane I	Ob. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (St	ate or foreign coun	lry)	12. CITIZEN O	OF WHAT COUNTRY
	Retired	Farm Owner	None	Hunga	ary		U.S	S.A.
13	B. FATHER'S NAME			14. MOTHER'S MAIDE				
	S	abestian Ru	uff	No Re	ecord			
15	S. WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 1	7. INFORMANT		Addres	s	18-27
L	No		212-18-6220	Rose Ruff	Sudlers	ville,	Mary]	Land
		TH [Enter only ane cause per TH WAS CAUSED BY:	er line far (a), (b), and (c).]	0				TERVAL BETWEEN
	PARI I. DEAL	IMMEDIATE CAUSE (a)	aporto	9				2 day
	331	DUE TO	P 1		0			
	Canditions, if an		Central	Hermore	Kage			
	gave rise to in cause (a), stoting t		arturas			1		
_	lying couse lost.) (c)		euros	gen	-loge	0	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITION	ns <u>Contributing to Death</u>	BUT NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO [
		CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture af injury	in Port I ar Part II	of item 1B.)		
MEDICAL	20c. TIME OF INJURY	The second secon		PLACE OF INJURY (Home, f foctory, street, affice bldg.,	arm, 20f. (City or	tawn)	(County)) (Stote)
MED	Haur o, m, p, m,		hile Not while work at work		610.7			
	21. I certify that	(I) (this hospital) atte	ended the deceased fra	m 8/7	196/ to 5	3/9/	19.6/11	hat (I) (we) last
	saw the decease	-10		of death occurred of 2	From the	e causes and	/	
	220. SIGNATURE	2					-	226, DATE
		1 5 60		M.D. PHYS.		STAFF PHYS.		10 6 SIGNED
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS			8/1	10/61
	TANKE (Type)	Doctor P.E.	Cox	East on,	Maryland			
23	Bo. BURIAL, CREMATION	N. 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	V (City, town, or	county)	(State)
L	Burial	8-12-61	Templevi	lle	Templ	eville		vland
24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	25g. R	EC'D BY REGISTRAL	2Sb. REGISTI	RAR'S SIGNATU	JRE
	1.5-1.5-	0 = = 1 1 M = =	200 40 0000	M d . DATE	AUG 1 4 '61	and	hus L. the	ANG

r death. Page 4 uneral directar, TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filter page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours, offer death. The law requires that the death certificate be executed within TENDING PHYSICI TO HOSPITAL

VR A15 (4) 15M 9/59

To the second for the second of [-1 Donker M.E. Por The Control of the Co THE REPORT OF THE PARTY OF THE

Division of TAGISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY airector. Page b. COUNTY a. STATE files. MARYLAND Caroline b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) to Rural Ridgely d. NAME OF HOSPITAL OR INSTITUTION 2days d. STREET ADDRESS e. IS RESIDENCE ON A FARMA None Stafe YES NO T Middle 4. DATE Month DECEASED 2 with the (Type or print) DEATH 19 61 rould be executed within 24 hours after death.

"in pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with 18 burial-transit permit. File pages 1 and 2 with 18 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED B. DATE OF IRTH AGE In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. Jast-birthdey) Months Days WIDOWED DIVORCED 100. Tour occopation Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U.S.A. Maryland Housewife 14. MOTHER'S MAIDEN NAME Reuben Buckle Tribbitt Eva 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or datasofsarvice) Thomas Schuyler Ridgely, Maryland 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) certificate should gave rise to immediate cause 10 word "pending dical Examiner's DUE TO 35 (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 99 NO Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | lease execute the certificate, writing rife should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho rifs designated agent, prior to burial, CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, Month, Dey, Yeer 20f. (City or town) (County) (Stata) While Not While factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection V Inquiry V and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Dawson George NAME (Type) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Greensboro 40 Burial 8-11-61 Greensboro, Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME AUG 1 4 '61 arthur S. Krans

MARYLAND STATE DEPARTMENT OF HEALTH

THE PERSON OF THE ANGELINA OF THE PERSON OF BY JUNE 1 - BENEAU TO STANFATHING 2 10 THE STATE OF the s The second secon

	1	
haurs zefter death. Page 4	in b e funeral director, and 2 shauld be filed with	
TO HOSPITAL OF STENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retain. By the haspital or att. If physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the finishing function. The place of should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	la bornal, cremanian, ar remayar, and in any event, within 72 habrs arier dealin.
TO HOSPITAL PATTENDING	may be retain. If the haspital or ath g physician. TO FUNERAL DIRECTOR: After this certificate has been sign page 3 should be detached for use as the burial-transit peage 3.	the State Board of Health prior

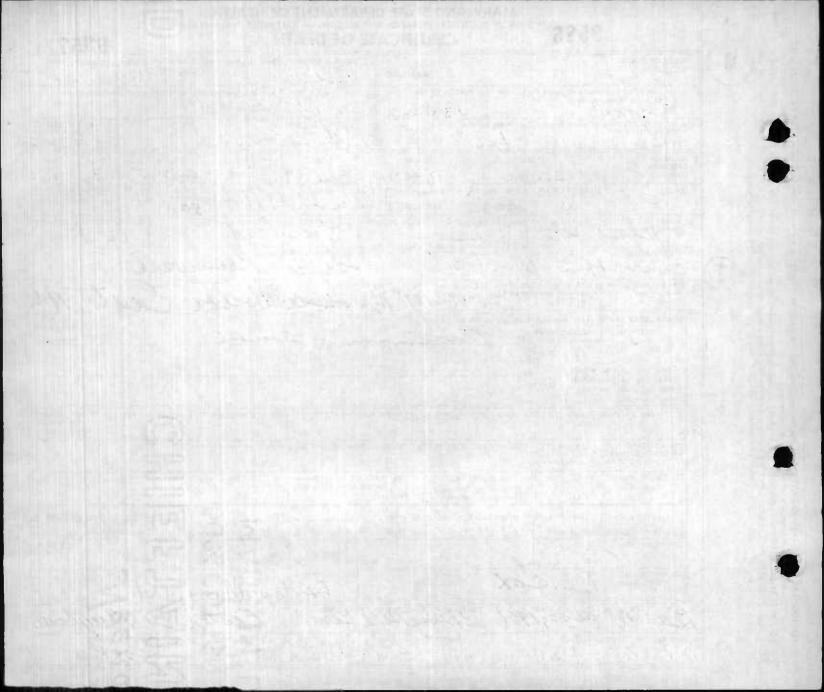
VR A15 (4) 15M 9/59

M

9586 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMODE RYLAND

TATIS	TICAL	RESEARCH	AND	RECOR	DS —	- BALTIMORE	1, MA
	CE	DTIFIC	ATE	OF	DE	ATH	

95	85	CERTI	FICAT	E OF DEATH			() (3577
1. PLACE OF DEATH a. COUNTY TALLOT	Hare.	MAR	YLAND	2. USUAL RESIDENCE (WHO O'STATE		If institution: Res	selections	Ladmission)
b. CITY OR TOWN (If outside RURAL and give nearest tow		c. LENGTH OF STATE		c. CITY OR TOWN (IT	outside corporate lin	nits, write RURAL o	ond give/near	rest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION MEMOR: AL	Hospital, give street	address)		d. STREET ADDRESS	euh Ke	1.		ON A FARM? YE5 NO []
3. NAME OF DECEASED (Type or print)	L: Nda	Middl	1	SELLICK	4. DATE OF DEATH	Month	A 18	1961
F	W WIDOW		ED 0	april 22,19	// las	50 yrs. Mont	ths Days	Hours Min.
10a. USUAL OCCUPATION (Give during most of working life.	kind of work done 10b.	KIND OF BUSINESS	OR INDUST	Mary	and	12.	CITIZEN OF	WHATCOUNTRY
13. FATHER'S NAME	B. Mai	ton		Jawa	Reu	well	2	
15. WAS DECEASED EVER IN U. S	6. ARMED FORCES? 16. was or dates of service) 1	16-09-617	9 M	M Faure	Morlo	Address	esto	w/Md.
18. CAUSE OF DEATH [Ent	CAUSED BY: ATE CAUSE (a)	ne for (a), (b), ond (c).]	n of e	ower		ON5	RVAL BETWEEN ET AND DEATH
Canditions, if any, which gave rise to immediate couse (o), stoting the underlying couse last.	DUE TO (c)							
PART II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PART 1(a) 19	PERFORMED?
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	CRIBE HOW INJURY	OCCURRED.	. (Enter nature of injury in I	Part I or Port II of	item 1B.)		
20c. TIME OF INJURY Month Haur o. m. p. m.	h, Day, Year 20d. I While at wor		20e. PLA	CE OF INJURY (Home, farm ary, street, affice bldg., etc	, 20f. (City or ta	vn)	(County)	(5tote
21. I certify that (I) (the saw the deceased alive	01	/ . / /		eath occurred at				
22a. SIGNATURE	Cof	1	М	I.D. PHY5.	ED. 5T/ RECTOR PH	kFF Y5. □		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	E. Cox			EAS to	N Mar	yland	/	
230. SURIAL, CREMATION, 235 SEMOVAL SOCION	DATE THEREOF	23c. NAME OF CEA		CREMATORY LELL.	23d. LOCATION	City, town, or cour	Mar	yland.
Mounte E	Deunand	SOW T	as w	18 11 11	D BY REGISTRAR AUG 2 3 '61	25b. REGISTRAR	5 SIGNATUR	E



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AND THE PARTY OF T Segnal Mari 19.20145 ELIVER ELIZABETH STATES 11 To 14 v. sys The first calling of the line state of the are the property of the same o THE WAY TO SELECT THE REST OF THE PARTY OF T Marine Carlon and Carlon In distant folds of the service of Sald I milita THE STATE OF THE PARTY AND A STATE OF THE PARTY OF THE PA

9588

er death. Page 4 the funeral directar, shauld be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely represented by the attending physician and campletely represented a shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs offer death. The law requires that the death certificate be executed with

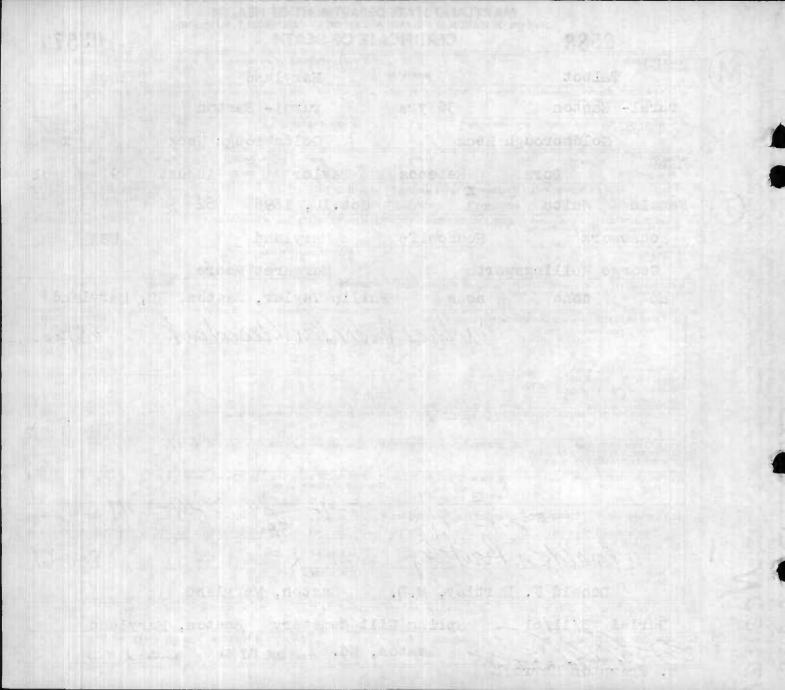
TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09579

0		albot		MARYLA	AND	USUAL RESIDENCE (Va. STATE	land	b. COUNTY	Tal	bot	;			
b	RURAL and give n	If outside carporote limi earest town) Easton	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural - Easton								
	OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS Gold:	sbroug	h Neck				FARM?		
1	NAME OF DECEASED (Type or print)	Fir		Middle Rebecca		Lost Taylor	4. DATE OF DEATH	August		9	,	Yeor 1961		
S. S	Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D	ATE OF BIRTH	898	9. AGE (In years lost birthdoy) OZ yrs.	Months	1 YEAR Doys	IF UNDE Hours	Min.		
	Housew	king life, even if retired	done 10b.	KIND OF BUSINESS OR Housewife		Maryla	and	ountry)	12. CIT	US!		OUNTRY		
13.	FATHER'S NAME	o mallina		ande la	1	4. MOTHER'S MAIDEN								
15		e Holling			17. INFO	Marga:	ret Mc	ore	ress					
(Yes,	no, or unknown)	none of dotes of s	ervice)	none	Phi		or, Es	ston, E		ary	rlan	d		
CERTIFICATION	Conditions, if c gove rise to i cause (a), stoting lying cause last.	DUE TO ATH WAS CAUSED BY: IMMEDIATE CAUSE (company, which immediate the under- HER SIGNIFICANT CON		nefar (a), (b) fond (c).	Vac	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PAR	ONS	9. WAS PERFO	DEATH		
ا برا	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUIT Haur a. m.			CRIBE HOW INJURY OCCURRED NJURY OCCURRED Nat while	Oe. PLACE	OF INJURY (Hame, fa, street, office bldg., e	irm, 20f. (City		(1	County)		(Stote		
ME	p. m.		at wor	ded the deceased f		h accurred at 3. ATTENDING PHYS. 22d. ADDRESS Eastoh	MED. DIRECTOR [STAFF PHYS.	19/10 an the		stated	we) las I abave b. DATE SIGNED		
23a	BURIAL, CREMATIC	ON, 23b. DATE THEREC		23c. NAME OF CEMET		REMATORY	23d. LOCA	TION (City, tawn,	or county)		(Stot	le)		
	REMOVAL (Specify Burial		-		Hill	Cemeter	-	aston, 1						
24.	W. Frag	pton Car	oli	East	on,		UG 1 7 '6		ISTRAR'S SI					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09580

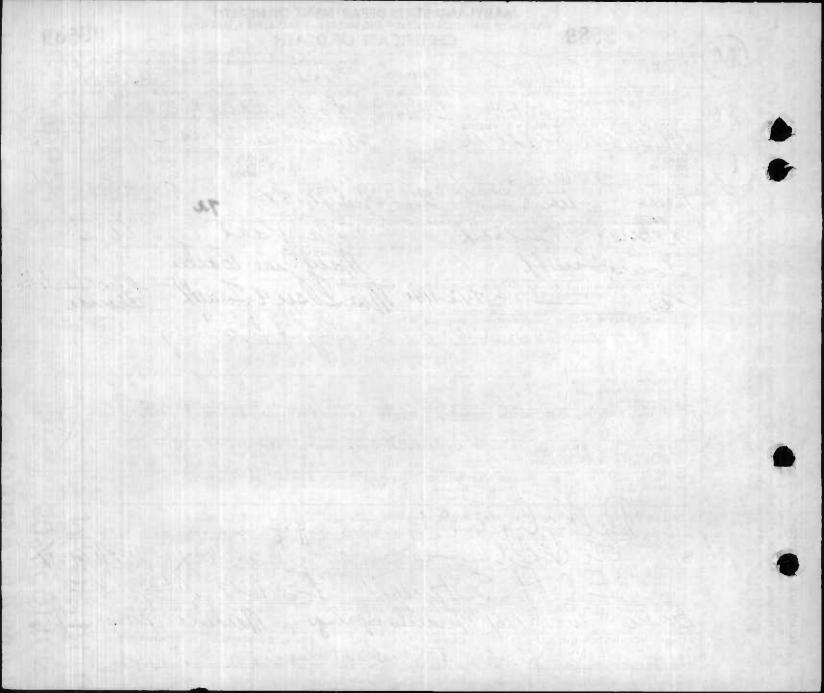
		- 1
VI	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution decidence before admission) b. COUNTY
3.0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ASTON (O VA	c. CITY OR TOWN (If or) inde corporate ? limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If no) in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 57/ Lucley Terral: YES NO 12
	3. NAME OF DECEASED (Type or print) HOWARD Middle	TRuit DATE Month Day Year OF DEATH QUE (0 1961
7	5. SEX 6. COLOROR FACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 ARS last birthday) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of york done 10b/KIND OF BUSINESS OR IND dying most of working life, every infeting).	STRY 11 DEPTHERACE (Stote opporeign country) 12. CITUZEN OF WHAT COUNTRY
	13. FATHERS NAME Truit	Mary Jave Baily
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or dates of service)	INFORMANT Plase & Truit Address Port Charlot
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e left Kistory INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b)	
	gave rise to immediate cause (a), stating the <u>under-lying couse last.</u>	
1		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
O)		RED. (Enter noture of injury in Port I or Port II of item 18.)
		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State
	21. I certify that (1) (1) haspital attended the deceased from	death accurred 4:52 M, fram the causes and an the date stated above
1	220. SIGNATURE COLLEGE	M.D. ATTENDING MED. STAFF 10 AUGUSTO
	22c. PHYSICIAN'S E. C. H. Sching	H 22d. ADDRESS STOM, RIDOY/Stad
9	230 MARIAL, CREMATION, 236 DATE THEREOF 230 MAME OF CENTURY OF MANUAL 13, 1961 MANUAL 18	OR EREMATORY 23d social (Chy town, or bunty) island.
113	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WERE TICE E. Neurona Joan Easton	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Maurice E. Weinsun VON EQUITOR	J, M.C. DAMUG 15'61 Com & Kom

Then please remave carbon papers. Pages DEUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely fipage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Page the State Board of Health priar to burial, cremation, ar remaval, ond in any event, within 72 hours after deaf The law requires that the death certificate be executed within moy be retained by the hospital ar often TO FUNERAL DIRECTOR: After this certification

VR A15 (4) 15M 9/59

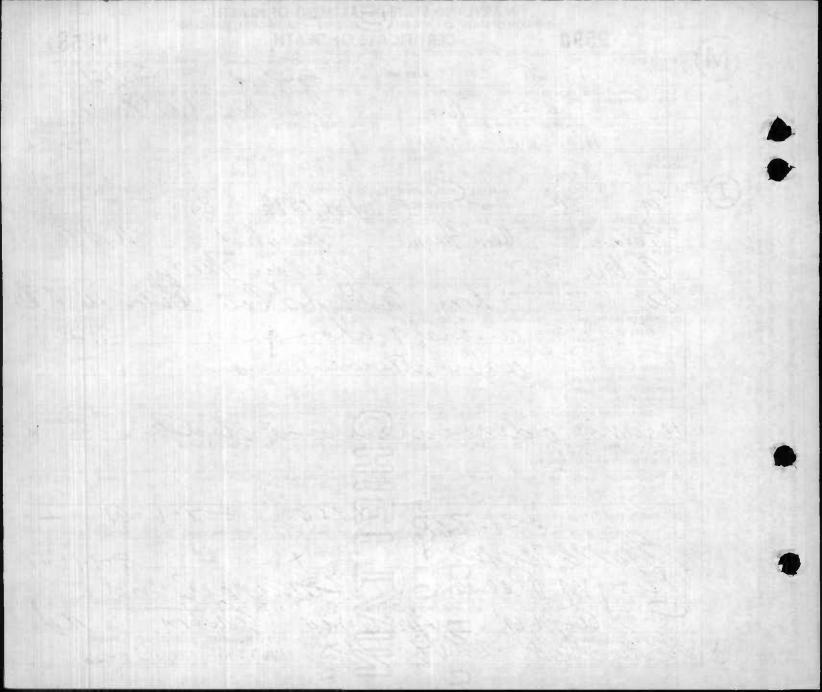
r death. Page 4

2 should be filed with



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4	(9590 CERTIFICATE OF DEATH	09581
Page director	M	D. PLACE OF DEATH o. COUNTY A 1 bot MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY b. COUNTY b.	be before admission)
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) E AS FON TORS C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	We nearest town)
b should be shou	080	d. NAME OF HOSPITAL (If pat in haspital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES HO
hau I and		3. NAME OF DECEASED (Type or print) TOSED (TOSED) (Type or print) TOSED (Type or print)	Day Year 14 1961
d within letely f		The Million Million of the Control o	1 YEAR IF UNDER 24 HRS. Days Hours Min.
executed on poper	nours a	100. USUAL OCCUPATION (Give kind of work done 100-XIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Auring most of working life, even if retired) Auring most of working life, even if retired) Auring most of working life, even if retired)	EN OF WHAT COUNTRY?
ote be	7/ 1141	13. FATHER'S NAME (INSKEW) Tout Part Partare Million	
certific ng phys remov	*	1S. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. optimization) (If yes, give wor or dates of service) Tone Windows	MI AL
attendi	up du	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caused at Through	INTERVAL BETWEEN ONSET AND DEATH
thot the by the	ond one	Canditions, if any, which) were build the well at the week.	
equires in. signed it perm	L L L L L L L L L L L L L L L L L L L	gave rise to immediate cause (a), stating the <u>under.</u> lying cause last. (c)	
e law r physicia as been al-trans	g dan, d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
The puri	i, cremo	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)	
HYSICI II or affer nis certifi use as	orug br	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 at wark of work 19 at wark 19 a	ounty) (State)
hospita After the	prid r	1912 0-2111	that (I) (we) last
TTEN Jy the CTOR: e detoc	Der led	22d. SIGNATURE M.D. PHYS. DIRECTOR DIRECTOR PHYS. D	22b. DATE SIGNED
TAL CERTIFICATION AL DIR	Boord	22c. BHYSICIAN'S Reesel 22d. ADDRESS Friedrickaels me	d
HOSPI noy be r FUNER.	5070	230 BURIAD CREMATION, 231 DATE THEREOF, 23c. NAME OF GENTLERY OR CREMATORY 23d. LOCATION (City) armoval (Specify)	Red
VR A15 (4)	BP	24. FUNCEN DIRECTOR'S SIGNATURE ADDRESS MAD ATTE AUG 1 7 '61 ADDRESS MAD ATTE AUG 1 7 '61 CILLIAN S.	



r death. Page 4

The law requires that the death certificate be executed withi

TO HOSPITAL

VR A15 (4) 15M 9/59

9591

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

119582

		o. COUNTY A / bot		MARYLAN	11	o. STATE Maryl		b. COUNTY			ster	ion)	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give Hurlock										arest town	1	
2		d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION HO	give street of	0000		d. STREET ADDRESS Commerce Street d. IS RESIDENC ON A FARM YES \(\sum \) NO							
	1	NAME OF DECEASED (Type or print)	duey	Middle Geor,	9e	Wands	4. DATE OF DEATH	Augus	th st	3	'	reor 196/	
		Male 6. COLOR OR RAC White	WIDOWE	IED 😡 NEVER MARRIED 🔏	Δ1	ugust 25, 1	916	9. AGE (V years last birthday) 44 yrs.	Manths Manths	1 YEAR Doys	Hours	R 24 HRS. Min.	
		USUAL OCCUPATION (Give kind of wo during most of working life, even if reti Foreman at Dupont	ed)		ord)	Newark, N	ew Jer		12. CITI	IZEN OI	WHATC	OUNTRY?	
	13.	FATHER'S NAME • Paymond P. Lland			14	Mania Ba							
	15.	* Raymond R. Wand WAS DECEASED EVER IN U. S. ARMED F.	-	SOCIAL SECURITY NO. 1	7. INFOR	Marion Ry	no	Addre	ett				
	(Yes	r. no. or unknown) Yes WWII	of service) 2	18-05-2071		rs. Elsie W	. Wand			ary	land		
		1B. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) C	e for (a), (b), and (c).	at	معنف				ONS	RVAL BE	DEATH	
	Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under-</u>												
	CERTIFICATION	Ising cause lost. (c)											
/		20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINET	20b. DESC	RIBE HOW INJURY OCCU	IRRED. (E	nter noture af injury in f	Part I or Part	II af item 1B.)					
	MEDICAL	20c. TIME OF INJURY Month, Doy, Haur a.m. p. m.	While	JURY OCCURRED 20e Nat while of work	foctory,	OF INJURY (Hame, form, street, office bldg., etc.	20f. (City	or town)	(0	Caunty)		(State)	
1	ij	21. 1 certify that (I) (this hospital) ottended the deceased from 200, 1961, to aug., 1961, that (I) (we) last sow the deceased alive an 1961, ond that death accurred a 2 MM, from the causes and on the date stated obave.											
		22a. SIGNATURE ROBERT V	1. Tre	ver	M.D.	ATTENDING ME	ED.	STAFF PHYS.	Na al	8/	8/6 P b	.DATE SIGNED	
		22c. PHYSICIAN'S NAME (Type) Robert W.	Treve	r M	. D.	Easton,	Maryla	nd	8	/8/	51		
	230	BURIAL, CREMATION, 23b. DATE THER REMOVAL (Specify) Burial August		23c. NAME OF CEMETER Washingto		EMATORY	23d. LOCATI	ON (City, town, o		nd	(Stote	a)	
	24.	J. Framptom Ed So.	w, Fed	ealsburg.	hay)	land	D BY REGISTR	AR 25b. REGIS		GNATU			
•	01	//		- /									

to write the first of the country of the first of the fir The first test are not the first and the state of the sta